

Lesson One - Introduction to Ostomy Care

LEARN: Ostomy Slide Presentation

20 minutes

Purpose:

Participants will learn about the purpose and indications for an ostomy as well as the supplies and the proper procedure surrounding ostomy care.

Materials:

- *Introduction to Ostomy Care* slide presentation
- Ostomy training tool
- Ostomy supplies

Facilitation Steps:

1. Share the following information with students as you show the slide presentation:

Slide 1: Introduction slide

Slide 2: First, let's review some key terms. The opening in the abdominal wall is called an ostomy in which a stoma is constructed from a section of colon or small intestine. During surgery, the intestine is brought up through the abdominal wall, severed and then rolled back to form a stoma. Stoma output is called effluent, which is usually collected in a pouch.

There are approximately 1 million people with ostomies in the United States.

Slide 3: Colostomies are created from the large intestine. There are four types of colostomies based on location: ascending, transverse, descending and sigmoid.

Show students the training tool and ask them what colostomy they are seeing (descending or sigmoid).

Slide 4: Ileostomies are created from the small intestine. They are located in the right lower quadrant of the abdomen.

Show it on training tool and note the difference in size.

Slide 5: Urostomies are created from a portion of the intestine in which the ureters are then connected to. Unlike colostomies and ileostomies, which can be temporary or permanent, urostomies are always permanent.

Slide 6: Ostomies are lifesaving procedures.

An ostomy may be needed if cancer spreads to the bladder or rectum. This is more likely in cancers close to the bladder and rectum, such as cervical and prostate cancer.

The colon is the second most commonly injured organ in penetrating trauma, but blunt trauma injuries are rare in that area. Rectal injuries, on the other hand, are more common in blunt trauma, especially when associated with pelvic injuries.

Inflammatory bowel disease is an umbrella term used to describe disorders that involve chronic inflammation of the digestive tract, such as ulcerative colitis and Crohn's disease.

Diverticulosis happens when pouches form in the wall of the colon. If these pouches get inflamed or infected, it is called diverticulitis.

Another reason for ostomy construction is for when the digestive organs are not completely developed, are abnormally positioned, or if the muscles or nerves of the tract are defective.

Slide 7: An ostomy pouching system, or appliance, is the prosthesis worn to collect effluent. They consist of a skin barrier wafer and a pouch. Some systems are one piece, while others consist of two pieces. They all come with a closure device, such as a clip. There is a wide variety out on market to fit individuals' preferences and lifestyles. All of them are airtight and waterproof, which allows for an

active lifestyle. Pouches should be emptied when they are 1/3 to 1/2 full.

Slide 8: Replacement of pouching systems depend on the manufacturer. Some are replaced every 3 to 7 days, while others are changed daily. Some pouches can be removed, cleaned and reused. Pouches should be changed when output is at its lowest, such as late in the day or 2 hours after a meal. Patients who change systems at home do not need to wear gloves, but if you are removing a patient's pouch, you must wear clean gloves. Prior to removing the pouch, make note of any leakage from it, as this will determine if a change is needed. Also, note the effluent consistency. Ileostomies and ascending colostomies will have liquid stool. Transverse, descending and sigmoid colostomies will have formed stool.

You may ask students why this is so.

The output may also need to be measured. Emptied pouches can be placed in a plastic bag and disposed of in general garbage.

Slide 9: When removing the wafer, peel the wafer gently from the top in a downward motion. Some people use warm water or adhesive remover to loosen the adhesive. It is important not to tear the skin. The skin around the stoma (peristomal) may be reddened from the wafer removal; this should fade after a few minutes.

Slide 10: A healthy stoma should be dark-pink or red in color. It also should be moist. If the stoma is black or dark purple and/or dry, contact the healthcare provider immediately.

There should be no evidence of skin breakdown around the stoma. Check for redness and irritation.

Slide 11: To clean the stoma, use warm water and a washcloth. Blot the stoma gently to remove stool. Do not scrub it. The stoma does not have any nerve endings, so the patient is unable to feel if the rubbing is too hard. There may be a small amount of blood on the washcloth. This is normal, since the stoma contains many small blood vessels. Wash the

skin around the stoma gently as well. Dry the skin well before attaching the new appliance system.

Unless recommended by the healthcare provider or wound ostomy nurse, do not use powders, creams or soaps. These can prevent the wafer from sticking.

Demonstrate this if desired.

Slide 12: Using a stoma measurement guide, measure the stoma. The opening on the guide should be no more than a 1/8 inch away from the stoma. Trace the selected opening onto the wafer and cut it out. Make sure the edges are smooth.

If the peristomal skin is irritated or there is skin breakdown, apply the appropriate powder or paste as recommended by the healthcare provider or wound ostomy nurse. Sometimes, a skin prep is used if there have been problems with the wafer adhesive.

Body hair around the stoma may need to be shaved. Place the wafer over the stoma and make sure there are no wrinkles in the skin, as this can cause leakage. Apply the pouch and closure device.

Demonstrate this if desired.

Slide 13: Ostomy surgery can have a significant impact on a person's body image and self-esteem. It is important that the patient is given the opportunity to express their feelings regarding changes. One way to better understand these changes is to teach and promote self-care. This may help the patient build confidence and regain control. Relationships can be another emotional issue that patients face. The patients may be concerned about whom to tell, what to tell and when to tell. They need to know how to explain the procedure and that not everyone needs to know. Intimacy concerns should be discussed between the patient and the partner. Assistance may be sought through support groups.

Slide 14: Since ostomy pouches are sealed compartments, fecal odors should not escape. If odors do escape it can be embarrassing for some patients or make them feel nauseous. There are deodorant drops or sprays that can be placed into

the pouch to reduce odor. Also, nutrition can play a role. Even though there is no specific diet for those with ostomies, gas and odor producing foods can be limited.

Slide 15: Irrigation is the instillation of warm water through the stoma. There are special irrigation kits for descending and sigmoid colostomies. Since the stool is more formed in these ostomies, irrigation is an optional way to stimulate peristalsis and contraction of the colon leading to the emptying of stool. Although it can reduce pouch usage and provide more control of output, there is a considerable time and scheduling commitment.

Slide 16: Patient teaching is crucial for those with new ostomies. Be sure to include family and/or caregiver(s) in teaching to facilitate patient's readiness to learn. Some patients accept the stoma with minimal emotional difficulty, while others may never completely adjust to it. Individualize care according to the patient's situation and circumstances.

Give the patient teaching materials that clearly state each step for a pouch change, as well as a list of equipment and the name, address and phone number of a supplier.

Slide 17: Make sure to document the type of pouch and skin barrier applied, the amount and appearance of effluent in the pouch, the size and appearance of stoma and the condition of the skin.

Document the patient and family's level of participation, the teaching that was done and their response to said teaching.

Report any abnormal findings to the healthcare provider or wound ostomy nurse.

Slide 18: Closing slide